NOT TO BE USED BY OPERATOR REGISTRY USE ONLY SEND ONE COPY TO: MUST TYPE OR PRINT REGISTRAR OF MOTOR VEHICLES 1135 TREMONT STREET BOSTON, MASS. 02120 COMMONWEALTH OF MASSACHUSETTS POLICE REPORT OF POLICE DEPT. SUBMITTING REPORT OF MOTOR VEHICLE ACCIDENT Check One Was this Accident investigated by an Officer? If Yes, Check One Box Below Did you notice any indication YES NO that an operator had been taking 1 Registry 2 MDC 2 Date of Accident Day of the Week Hour YES NO To your knowledge has any operator 3 Cither had a history of epilepsy heart disease, fainting spells? Number of Vehicles Involved. Name of Operator Date of Birth DAY YΑ Street Address City/Town State Ζıρ Driver's License Number and State Registration Number and State Owners Name and Address (if same, write "same") Make Name of Insurance Company only may be written here Parked Car NO Describe Damage to Vehicle Name of Operator Phone Ζφ || __ r DAY MO Street Address City/Town State Driver's License Number and State Owners Name and Address (if same, write "same") Phone Zıp Registration Number and State Make Name of Insurance Company only may be written here Year Fire Damage Describe Damage to Vehicle S NO 0 Describe Other Properly Damage Name of Property Owner Address 1 State 2 MDC 3 Municipal Other Wilnesses or Persons Present Address Bus. Aes To what hospital was injured taken? Name of Injured Street City/Town RESTRAINT SYSTEMS Sex INJURY SEVERITY PERSON INJURED Operator Killed м Serious Visible Injury Passenger No _ Bicyclist Minor Visible Injury Ejected from Vehicle YES NO No Visible Injury but Complaints of Pain Helmet Used Moped Air Bad Used On Motorcycle Other Passenger State NJURY SEVERITY RESTRAINT SYSTEMS DERSON INJURED Operator Yes No ? In Vehicle Killed м 🔲 Safety Belt Used Serious Visible Injury Passenger No _ Bicyclis1 Minor Visible Injury Passenger in Train, Bus. Etc. Ejected from Vehicle Moped Helmet Used No Visible Injury but Complaints of Pain Operator On Motorcycle Other Air Bag Used Passenger City/Town INJURY SEVERITY RESTRAINT SYSTEMS PERSON INJURED Yes No ? Killed Тм [Safety Belt Used Pedestrian Serious Visible Injury Child Restraint Used Bicyclist Passenger In Train, Bus. Etc. Ejected from Vehicle YES NO Minor Visible Injury Helmet Used Moped No Visible Injury but Complaints of Pain Operator On Motorcycle Other

Passenger

NOTE: Mark all litems which apply. The diagram and description of what happened (below) need not be completed if separate 8½ x 11 size sheet with same detailed information is

attached. Please sign report in space provided below.								w ·	Nearest Mile Marker Number of Lanes At Rolary							11.00	cident	Occurred on Ramp						
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O N	4			Failed to Grant Right to Other Vehicle	of '	Nay	9						Aovement	E			Impro Parke	per Start from d Position	•	K			Failed to Stop for a Schoolbus	
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Signature Name and Rank Police Dept Date													• • • • • • • • • • • • • • • • • • • •	Po	lice Öe	ρt					D	ale		



NOT TO BE USED BY OPERATOR MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS TRUCK & BUS SUPPLEMENTAL ACCIDENT REPORT

SEND BOTH SUPPLEMENTAL COPIES ALONG WITH POLICE REPORT TO. REGISTRAR OF MOTOR VEHICLES 100 NASHUA STREET BOSTON, MASS. 02114
NAME OF POLICE DEPT. SUBMITTING REPORT

VHEN TO USE TI Pid this accident in a truck with at lea	volve:					o		2			
a bus with seats for TOP. if response response is "Yes"	or more than 15 to both question:	people, incl s is "No" do	uding drive not fill ou	er?	Yes ∟ N						
oid this accident res	sult in:	Yes No		Ianu	:						
person(s) fatally injured person(s)				Yes	□ No Ho	w Many		÷	2		
vehicle(s) towed to response	from scene?	☐ Yes L	□ No Ho					•			
response is "Yes"							•				
US DOT	State N	umber	Issu	ing State o	of State #	Police	Dept ID	Interstate (Y/N)			
				<u> </u>		<u> </u>					
Carrier Name			Source:	_ Veh	Side _ I	Oriver		Street Add	ress		
				_ Ship	ping Papers	·			<u></u>		
City/Town	State	Zip	Code	Acciden	t Date		Accident	t Time			
					(MM/	DD/YY)	:	(24 Hour Tin	ne)		
Accident Loc	ation (Number/N	ame of Hig	hway/Stree	et)	City/To	wn	Cor	unty	State		
Driver's Nan	ne (Last, First M	J.)	Date of B	irth	DD/YY)	L	icense Numi	per	State		
Vehicle Configura Fruck; 3 or more a _(8) Tractor/triple	axles(4) Truc e(9) Heavy (k/trailer _ ruck, canno	_(5) Truck t classify _	tractor (bo	obtail)(6	i) Tractor	semi-trailer	(7) Tracto	or/doubles		
									8 ft. Other ft		
Cargo Body Type (5) Dump(6 (9) (i.e. multiple) Concrete mixe	r(7) Aut	o transpor	ter <u>(8)</u>	Garbage/ref	use	x(3) Car	rgo Tank(4) Flatbed		
Number of axles		ss Vehicle			VIN#			hicle Registra	tion #		
(Including Tra		Rating		-	(V/N)	1	Haz Mat	Name	-		
State Haz	Mat Placard? (Y/N)			from tank	(Y/N))			. Hame			
Haz Mat 4-Digit N	lumber	Haz I	Mat 1-Digi	t Number		Federally Reportable?(Y/N)					
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Sequence of EvenDown-hill runavCollision/motorCollision/anima	vayCargo los vehicle in transp	s or shift _ ortColli	_Explosion sion/train	or fire Collisio	Separation n/parked m	of units _	_Collision/p	oedestrian			

^{**} IN ADDITION YOU MUST CONTINUE TO SUBMIT POLICE ACCIDENT REPORT FORM E-65 TO THE REGISTRY OF MOTOR VEHICLES**